



c/o Senior Services Associates, Inc.  
101 South Grove, Elgin, IL 60120 847-741-0404

MEMO TO: Health & Medicine Policy Research Group

FROM: Michael J. O'Donnell, President, Illinois Coalition on Mental Health & Aging

DATE: November 25, 2013

RE: Concept Paper for an 1115 Waiver for Illinois Medicaid

The Illinois Coalition on Mental Health & Aging has reviewed “The Path to Transformation: Concept Paper for an 1115 Waiver for Illinois Medicaid,” and offers the following comments and recommendations:

- The Coalition concurs with the four goals or “pathways” contained in the Path to Transformation.
- We advocate for improvements in the healthcare delivery system to respond to the complex medical and behavioral health needs of a growing population of older adults.
- We concur with the following needs documented by the National Coalition on Mental Health & Aging:
  - One in four persons aged 55 and over experiences behavioral health disorders that are not a part of the normal aging process – an estimated 770,000 of the 3 million persons 55+ in Illinois.
  - Despite the availability of proven interventions for mental health and substance abuse problems, the majority of older adults with these behavioral health issues do not receive the treatments they need. Older adults are significantly less likely to receive any mental health treatment when compared to younger adults.

- An estimated 1 in 5 older adults in the community have major depression and up to 15% have clinically significant depressive symptoms that impact their functioning, and the prevalence of depression is substantially higher in older adults with medical illnesses.
  - The incidence of suicide in the older group of white males (ages 85 and older) is over four times higher than the nation's overall rate of suicide.
- We concur with the investments contained in Pathway 1.B, entitled “Behavioral Health Expansion and Integration.”
- As the state pursues these goals, we urge the Illinois Department of Healthcare and Family Services and sister state agencies to form teams to review the status of older adult behavioral health; set goals for improvement; learn about implementing and financing evidence-based prevention, early intervention and treatment, including Healthy IDEAS, PEARLS, and IMPACT; and prepare action plans for prevention and intervention.
- We recommend that these plans and subsequent efforts focus on important state issues including suicide prevention, depression screening and early intervention, alcohol and medication misuse prevention, and smoking cessation, to reach vulnerable older adults, especially older persons with disabilities, veterans, low-income, minority, isolated, and home-bound older adults.
- We encourage HFS and sister state agencies to promote service delivery through interdisciplinary teams of mental and behavioral health, primary care, and social service providers which effectively address the physical, mental, and behavioral health needs of older adults.
- We concur with the goals in Pathway 1.C, entitled “Stable Living Through Supportive Housing,” including a recovery-oriented model, supported employment, capital funding for supportive housing projects, and Delivery System Reform Incentive Payments (DSRIPs).
- We concur with the goals in Pathway 2.C, entitled “Hospital/Health System Transformation,” especially goals to improve access to integrated medical care and behavioral health care in persons in rural areas, and for residents of long-term care facilities across the state.

- We concur with the goals in Pathway 3 on “Health Management.” We urge HFS and sister state agencies to recognize, promote, support, and expand the reach of evidence-based wellness programs which empower older adults and persons with disabilities to manage complex health conditions and disabilities. Over the past seven years, these interventions have been disseminated by a variety of partners including Area Agencies on Aging, community programs on aging, public health departments, hospitals and other organizations. These evidence-based programs include: the *Chronic Disease Self Management Program*, the *Diabetes Self Management Program*, the *Arthritis Exercise Program*, *Fit & Strong*, *Strong for Life*, and a falls prevention program known as *A Matter of Balance*.
- We concur with the goals in Pathway 4, for the “21<sup>st</sup> Century Health Care Workforce.” We recommend that HFS and sister state agencies review the National Academies Institute of Medicine Report entitled, “The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands”? We encourage HFS and sister state agencies to devote more attention and resources to build the capacity of the behavioral health workforce to provide both geriatric mental health and geriatric substance use services.

Thank you for the opportunity to provide stakeholder input in the draft concept paper for the development of the 1115 Waiver for Illinois Medicaid.